STATEMENT OF ECONOMIC INTERESTS

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COVER PAGE

Ple	ease type or print in ink.		5010	×
NAME OF FILER (LAST) (FIRST)		(FIRST)	20161	iAR -6 (MIDPLE)2:53
Al	li Mohammed	Hafiz	27 (28 g) 75 (28 g)	Ateeg
1.	Office, Agency, or Court	·		
	Agency Name (Do not use acronyms)	•		
	Division of Oil, Gas, and Geothermal Res	ources		
	Division, Board, Department, District, if applicable	Annimitation	Your Position	Mad North and the artificial transfer and the second and the secon
			Associate Oil and Gas Eng	ineer
▶ If filling for multiple positions, list below or on an attachment. (Do not use acronyms)				
	Agency:	•	Position:	
2.	Jurisdiction of Office (Check at least one be	ox)		
	▼ State		☐ Judge or Court Commissioner (Sta	tewide Jurisdiction)
	Multi-County		County of	ar en
	City of	with distributed till measure to be a second fill the second till and the second till the seco	Other	
3. Type of Statement (Check at least one box)				можности может в применения в на на предоставления на предоставления на применения доставления в применения в п
	Annual: The period covered is January 1, 2017, December 31, 2017.	through	Leaving Office: Date Left(Check one)	<i></i>
	-or- The period covered is// December 31, 2017.	, through	 The period covered is January leaving office. 	, 1, 2017, through the date of
	Assuming Office: Date assumed/	 	The period covered is the date of leaving office.	t, through
	Candidate: Date of Election and office sought, if different than Part 1:			
4. Schedule Summary (must complete) ► Total number of pages including this cover page:				Ae.
	Schedules attached			
	Schedule A-1 - Investments - schedule attach	ed	Schedule C - Income, Loans, & Business	Positions – schedule attached
	☐ Schedule A-2 - Investments – schedule attached ☐ Sched		hedule D - Income - Gifts - schedule attached	
	Schedule B - Real Property - schedule attach	ed] Schedule E - Income - Gifts - Travel Paj	yments - schedule attached
-(or-			
	☑ None - No reportable interests on any schedule			
5.	Verification			
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE
	5816 Corporate Ave Suite # 100	Cypres	SS CA	90630
	DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS	
		Hafiz.Ali-Mohammed@conserva		
	nave used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained prein and in any attached schedules is true and complete. I acknowledge this is a public document.			
	certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.			
	Date Signed _03/05/2018	Signed 03/05/2018 Signature 4 cof 12 A - M		
(month, day, year) (File the origin		(File the originally signed statem	ent with your filing official.)	